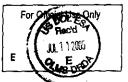
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2550	2. Fiscal Year Covered From:		
	01/01/2004 Through: 12/31/2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Daniel L Biggs	Name Transportation Communications Union		
//	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3 Research Place	Street 3 Research Place		
City Rokville	city Rockville		
State Maryland ZIP Code + 4 20850-3279	State Mary and ZIP Code + 4 20850-325		
5. Position in labor organization. International Vice Pres	ideat		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4	Photo sièces de la contrada de la Mance e addi ente de planta que m e e appara ap unicación de E		
Signa	ature		
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the		
Signed Duy Dugg S	On July 6, 201 301 - 948 - 4910 // Date Telephone Number		
	V State of the sta		

Form LM-30 (2003)

Name of Person Filing Daniel L. 1995		File Number U-	+80	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and the consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value	e of such dealing.		
City	12.a. Nature of interest held		his interface of the company of the	
State ZIP Code + 4				
·	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	Marie a company of the company of th		
(including trade name, if any). Name United Health Care Trade Name, if any:	Dinner on Mo	nch 30,20	94	
** Company and an annual and an annual and an anti-anti-annual annual and annual annua				
P.O. Box, Bidg., Room No., if any Street 450 Columbus Blvd City Hartford State Connecticutt ZIP Code + 4 06/03				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$71. 些	